

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4/7/2010

Address: 1725 PHILLIPA ST.

Case #: 24F31367

SOUTH BEND, IN

County: ST. JOSEPH

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☒ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Detached garage
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Detached garage
☒ Water Reactive Metal (Lithium): Detached garage
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): Detached garage
☒ Corrosive Acid: _____
☐ Corrosive Base: Detached garage
☒ Other (item and location): Nitrate/kitchen meth/hous

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: SOUTH FIRE

Fax: 574-235-9305

Health Department: ST. JOSEPH

Fax: 574- 235-9960

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JASON FAULSTICH Phone 1-800-552-2959

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.